negative patient delivers an Rh-positive infant, and Coombs negative, Rho GAM® should be administered within 72 hours after delivery; doing so will completely protect the patient from Rh problems in her next delivery.

JACK R. KENNEDY, M.D.

Prophylactic Chemotherapy of Hydatidiform Mole

Molar pregnancy leads to proliferative trophoblastic sequelae in approximately 20 percent of patients; 15 percent with non-metastatic trophoblastic disease (NMTD) and 5 percent metastatic trophoblastic disease (MTD) including choriocarcinoma. The use of actinomycin D prophylactically at the time of evacuation virtually eliminates this problem.

A positive diagnosis of molar pregnancy can be made usually by the end of the 12th week of gestation on the basis of clinical signs, human chorionic gonadotrophic hormone (HCG) level, amniography and/or ultrasonography. Therapy with actinomycin D, 12 mcg per kg per day, is begun two days before evacuation (preferably by suction) and continued for two days postoperatively. Both the molar specimen and separate endometrial curettings should be sent to the pathologist for accurate assessment of malignant potential. Toxic side effects of chemotherapy are evaluated with periodic white blood cell and platelet counts even though serious toxicity is rare. Sensitive quantitative HCG tests are performed weekly until in the normal range for pituitary luteinizing hormone for three consecutive weeks. Follow-up is continued at monthly intervals for six months. Strict contraception is recommended during this time. If HCG levels plateau above normal or begin to rise, proliferative trophoblastic sequelae are likely and admission is advised.

DONALD PETER GOLDSTEIN, M.D.

REFERENCES

Goldstein DP: Five years' experience with the prevention of trophoblastic tumors by the prophylactic use of chemotherapy in patients with molar pregnancy. Clin Obstet Gynecol 13:945-961, Dec 1970

Goldstein DP: Prophylactic chemotherapy of molar pregnancy. Obstet Gynecol (in press)

Anovulation or Oligoovulation Treatment—Hazards and Precautions

Of the two effective agents available today, clomiphene (Clomid®) is relatively safe. The starting dose is one tablet daily for five days. If evidence of ovulation occurs, this dose can be repeated up to six cycles. If there is no evidence of an ovulatory response, the dose can be increased to two tablets daily for five days. Patients in whom there is a suspicion of polycystic ovaries should be treated even more conservatively. The first cycle should consist of one tablet daily for only three days. With this cautious program there should be little risk of ovarian enlargement and multiple pregnancy.

Treatment with human menopausal gonadotropin, on the other hand, must be highly individualized. Each patient responds differently, and patients vary from cycle to cycle. Ovarian overstimulation can be reduced by measuring total estrogen excretion daily, starting five days after initiation of therapy. The ovulatory dose of human chorionic gonadotrophin hormone (HCG) should be given when total estrogens go to 100 μg per 24 hours. It should never be given if estrogens inadvertently rise about 200 μg.

MELVIN L. TAYMOR, M.D.

REFERENCE

Taymor ML, Yussman MN, Gminski D: Estrogen monitoring in ovulation induction. Fertil Steril 21:759-765, Nov 1970

Endometrial Carcinoma and Hyperplasia

The question of the relationship between endometrial hyperplasia and carcinoma remains unsettled. Whether whatever process causes hy-